

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention**

INSERT FOR A CAT LAVATORY

As the below named inventor(s), I/we declare that:

The declaration is directed to:

☐ The attached application, or☒ Application No. 10/597,461, filed on July 26, 2006,☐ as amended on _____ (if applicable).

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME(S) OF INVENTORS:Inventor one: Wolfram ZollerSignature: *W. Zoller* Date: 14.08.2006 Citizen of: GermanyInventor two: Jurgen HommolaSignature: *J. Hommola* Date: 09.08.2006 Citizen of: GermanyInventor three: Rolf HornigSignature: *R. Hornig* Date: 5/08/06 Citizen of: GermanyInventor four: Dietmar LangeSignature: *D. Lange* Date: 25.08.2006 Citizen of: Germany☐ Additional inventors are being named on _____ additional form(s) attached hereto.